

**SOUTH CAROLINA
GENERAL POWER OF ATTORNEY FORM**

I. NOTICE - This legal document grants you (Hereinafter referred to as the "Principal") the right to transfer unlimited legal powers to someone else (Hereinafter referred to as the "Attorney-in-Fact"), unlimited legal powers are described as: all legal decision-making power legal under law. The Principal's transfer of legal powers to the Attorney-in-Fact are granted upon authorization of this agreement, and **DO NOT** stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their legal decision making power and may revoke this General Power of Attorney Form at any time. The Principal may include restrictions or requests pertaining to the legal decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal's wishes put forth, or, to make legal decisions that fit the Principal's best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this General Power of Attorney Form, it will revoke any previously valid General Power of Attorney Form.

II. INCAPACITATION - The powers granted to the Attorney-in-Fact by the Principal in this General Power of Attorney Form **DO NOT** stay in effect upon incapacitation by the Principal, incapacitation is describes as: A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.

III. REVOCATION - The Principal has the right to revoke this General Power of Attorney Form at any time. Any revocation will be effective if the Principal either:

- A. Authorizes a new General Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

IV. WITNESS & NOTARY - This document is not valid as a General Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal's signature. It is recommended to have this General Power of Attorney Form notarized.

V. PRINCIPAL - I, Richard E Boggs, residing at
Name of Principal

7001 St. Andrews Rd. #124
Street Address of Principal

City of Columbia, State of South Carolina, appoint the following as my
City of Principal *State of Principal*
Attorney-in-Fact, whom I trust with any and all my legal decision-making
power immediately upon the authorization of this form:

VI. ATTORNEY-IN-FACT - Christopher Chapman, residing at
Name of Attorney-in-Fact
1659 Privateer Dr.
Street Address of Attorney-in-Fact

City of Titusville, State of Florida, grant the Attorney-in-Fact
City of Attorney-in-Fact *State of Attorney-in-Fact*
the legal authority to act on my behalf for any power legal under law regarding
my legal decisions under the State of South Carolina.
State

VII. SUCCESSOR ATTORNEY-IN-FACT (Optional) - If the Attorney-in-Fact named
above cannot or is unwilling to serve, then I appoint NA,
Name of Successor Attorney-in-Fact
residing at

NA
Street Address of Successor Attorney-in-Fact

City of _____, State of _____ grant
City of Successor Attorney-in-Fact *State of Successor Attorney-in-Fact*

the Attorney-in-Fact the legal authority to act on my behalf for any power legal
under law in regard to my financial decisions under the State of

State

VIII. TERMS & CONDITIONS - Upon authorization by all parties, the Attorney-in-
Fact accepts their designation to act in the Principal's best interests for all
legal decisions legal under law.

IX. THIRD PARTIES - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

X. COMPENSATION - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal.

XI. DISCLOSURE - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

XII. PRINCIPAL'S SIGNATURE - I, Richard E. Boggs, the Principal,
Printed Name of Principal

sign my name to this power of attorney this 16th day of

February and, being first duly sworn, do declare to the
Month

undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Richard E. Boggs
Signature of Principal

XIII. ATTORNEY-IN-FACT'S SIGNATURE - I, Christopher Chapman
Printed Name of Attorney-in-Fact

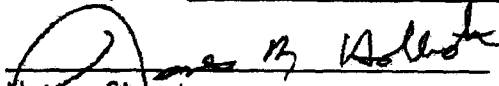
have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent, I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

by: Christopher Chapman
Signature of Attorney-in-Fact


2/27/23
Date

Notary Acknowledgement (Must be completed by Notary)

State of SOUTH CAROLINA County of Lexington Subscribed,
Sworn and acknowledged before me by Richard E. Boggs, the Principal, and
subscribed and sworn to before me by FRANCES BOYLAN,
witness, this CHUCK HALL day of FEBRUARY 16, 2023.


Notary Signature

Notary Public
In and for the County of Lexington
State of SOUTH CAROLINA
My commission expires: JULY 15 2030 Seal

 **James B. Hollister**
Notary Public for South Carolina
Commission Expires: 07/15/2030

Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, Christopher Chapman have read the attached power of attorney
Name of Attorney-in-Fact
 and am the person identified as the attorney-in-fact for the principal. I hereby
 acknowledge that accept my appointment as Attorney-in-Fact and that when I
 act as agent I shall exercise the powers for the benefit of the principal; I shall
 keep the assets of the principal separate from my assets; I shall exercise
 reasonable caution and prudence; and I shall keep a full and accurate of all
 actions, receipts and disbursements on behalf of the principal.

Christopher Chapman 2/22/23
Signature of Attorney-in-Fact Date

Witness Attestation

I, Charu Hall, the first witness, and I Frances R Baylan
Printed Name of First Witness Printed Name of Second Witness
 the second witness, sign my name to the foregoing power of attorney being
 first duly sworn and do not declare to the undersigned authority that the
 principal signs and executed this instrument as him or her, and that I, in the
 presence and hearing of the principal, sign this power of attorney as witness to
 the principal's signing and that to the best of my knowledge the principal is
 eighteen years of age or older, of sound mind and under no constraint or undue
 influence.

Charu Hall Frances R Baylan
Signature of First Witness Signature of Second Witness